

JCWSCS 11 FEB 2005

**FAX TRANSMISSION****DATE:** February 11, 2005**PTO IDENTIFIER:** Application Number 10/501699  
Patent Number**Inventor:** Roifman et al.**MESSAGE TO:** Office of Initial Patent Examination**FAX NUMBER:** (703) 746-9195**FROM:** ROPES & GRAY LLP

Matthew P. Vincent

**PHONE:** (617) 951-7739**Attorney Dkt. #:** LYMF-P01-004**PAGES (Including Cover Sheet):** 9**CONTENTS:** Request for Corrected Filing Receipt (2 pages)  
Copy of Filing Receipt with changes noted thereon (2 pages)  
Copy of Supplemental Application Data Sheet (4)  
This Facsimile Cover Sheet (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7739 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

**ROPES & GRAY LLP**One International Place, Boston, Massachusetts 02110-2624  
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 746-8185, on the date shown below.

Dated: 2/11/05 Signature: Valerie J. Sarosky  
(Valerie J. Sarosky)

Docket No.: LYMF-P01-004  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Roifman et al.

Application No.: 10/501699

Confirmation No.: 2916

Filed: July 16, 2004

Art Unit: 1615

For: COMPOUNDS FOR MODULATING CELL  
PROLIFERATION

Examiner: Not Yet Assigned

**REQUEST FOR CORRECTED FILING RECEIPT**

Filing Receipt Corrections  
Office of Initial Patent Examination  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby requests that a corrected Filing Receipt be issued in the above-identified patent application. The official Filing Receipt received by Applicant, a copy of which is attached hereto, has the following errors:

Under the heading Applicant(s):

- 1) Please correct the city listed for Applicant Chaim M. Roifman under his residence information from "Toronto" to "North York," and
- 2) Please correct the city listed for Applicant Octavian Laurand Cimpean under his resident information from "Toronto" to "Thornhill."

Applicant additionally requests that all pertinent U.S. Patent and Trademark Office records relating to the subject application be changed to reflect this correction.

Application No.: 10/501699

Docket No.: LYMF-P01-004

Applicant believes no fee is due with this request. However, if a fee is due, please charge our Deposit Account No. 18-1945, under Order No. LYMF-P01-004 from which the undersigned is authorized to draw.

Dated: February 11, 2005

Respectfully submitted,

By

Matthew P. Vincent

Registration No.: 36,709

ROPES & GRAY LLP

One International Place

Boston, Massachusetts 02110-2624

(617) 951-7000

(617) 951-7050 (Fax)

Attorneys/Agents For Applicant



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/501,699	07/16/2004	1615	1042	LYMF-P01-004		37	5

**Ropes & Gray**

CONFIRMATION NO. 2916

28120  
ROPES & GRAY LLP  
ONE INTERNATIONAL PLACE  
BOSTON, MA 02110-2624

DEC 3 0 2004

Intellectual Property Dept.

## FILING RECEIPT



\*OC000000014826752\*

Date Mailed: 12/28/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

*North York,*  
Chaim M Roifman, ~~Toronto~~, Ontario, CANADA;  
Peter Demin, Toronto, Ontario, CANADA;  
Thomas Grunberger, Toronto, Ontario, CANADA;  
Olga Rounova, Toronto, Ontario, CANADA;  
Octavian Laurand Cimpean, ~~Toronto~~, Ontario, CANADA;

*Thornhill,*

## Power of Attorney:

David Halstead-44735

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/CA03/00032 01/17/2003  
which claims benefit of 60/349,215 01/18/2002  
and claims benefit of 60/349,214 01/18/2002  
and claims benefit of 60/349,216 01/18/2002

## Foreign Applications

Projected Publication Date: 03/31/2005

Non-Publication Request: No

Early Publication Request: No

**Ropes & Gray**Symbol #1 LYMF-P01-004Action Due: Correct Filing Receipt/AssignmentDeadline(s): 28 Jan 2005

**\*\* SMALL ENTITY \*\*****Title**

Compounds for modulating cell proliferation

**Preliminary Class**

514

---

**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 37 CFR 1.53(d). This license is not retroactive.

The grant of a license does not in any way lessen the responsibility of a licensee for the security of the subject matter as imposed by any Government contract or the provisions of existing laws relating to espionage and the national security or the export of technical data. Licensees should apprise themselves of current regulations especially with respect to certain countries, of other agencies, particularly the Office of Defense Trade Controls, Department of State (with respect to Arms, Munitions and Implements of War (22 CFR 121-128)); the Office of Export Administration, Department of Commerce (15 CFR 370.10 (j)); the Office of Foreign Assets Control, Department of Treasury (31 CFR Parts 500+) and the Department of Energy.

**NOT GRANTED**

No license under 35 U.S.C. 184 has been granted at this time, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" DOES NOT appear on this form. Applicant may still petition for a license under 37 CFR 5.12, if a license is desired before the expiration of 6 months from the filing date of the application. If 6 months has lapsed from the filing date of this application and the licensee has not received any indication of a secrecy order under 35 U.S.C. 181, the licensee may foreign file the application pursuant to 37 CFR 5.15(b).

**Supplemental Application Data Sheet****Application Information**

Application number::	10/501699
Filing Date::	07/16/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	COMPOUNDS FOR MODULATING CELL PROLIFERATION
Attorney Docket Number::	LYMF-P01-004
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Chaim
Middle Name::	M.
Family Name::	Roifman
City of Residence::	North York
Country of Residence::	Canada
Street of mailing address::	33 Christine Crescent
City of mailing address::	North York
State or Province of mailing address::	ON

9651656\_1.DOC

Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M2R 1A4

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Peter  
Family Name:: Demin  
City of Residence:: Toronto  
Country of Residence:: Canada  
Street of mailing address:: 414-40 High Park Avenue  
City of mailing address:: Toronto  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M6P 2S1

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Thomas  
Family Name:: Grunberger  
City of Residence:: Toronto  
Country of Residence:: Canada  
Street of mailing address:: 63 Robingrove Road  
City of mailing address:: Toronto  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M2R 3A1

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Russian Federation  
Status:: Full Capacity

Given Name:: Olga  
Family Name:: Rounova  
City of Residence:: Toronto  
Country of Residence:: Canada  
Street of mailing address:: 414-40 High Park Avenue  
City of mailing address:: Toronto  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M6P 2S1

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Octavian  
Middle Name:: Laurand  
Family Name:: Cimpean  
City of Residence:: Thornhill  
Country of Residence:: Canada  
Street of mailing address:: 45 Macauley Drive  
City of mailing address:: Thornhill  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: L3T 5S6

**Correspondence Information**

Correspondence Customer Number:: 28120

**Representative Information**

Representative Customer Number:: 28120

**Domestic Priority Information**



Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	CA03/00032	01/17/03
CA03/00032	An application claiming the benefit under 35 USC 119(e)	60/349214	01/18/02
CA03/00032	An application claiming the benefit under 35 USC 119(e)	60/349215	01/18/02
CA03/00032	An application claiming the benefit under 35 USC 119(e)	60/349216	01/18/02

**Foreign Priority Information****Assignee Information**

Assignee name:: The Hospital for Sick Children  
Street of mailing address:: 555 University Avenue  
City of mailing address:: Toronto  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M5G 1X8